



Corres. and Mail  
**BOX AF**

*AF* *ITW*  
**PATENT**

practitioner's Docket No. U 013864-1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Peter David DAVIS

Serial No.:10/049248

Group No.: 1626

Filed: MAY 6, 2002

Examiner: Rebecca L Anderson

For: STILBENES WITH VASCULAR DAMAGING ACTIVITY

**RESPONSE UNDER  
37 C.F.R. 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
1626**

Mail Stop AF  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

*NOTE: To take advantage of the expedited procedure the envelope in which this paper is mailed must be addressed as shown and must also be marked "Box AF" in the lower left hand corner. Alternatively, this paper can be hand carried to the particular Examining Group or other area of the Office in which the application is pending, in which case any envelope in which this paper is placed must be marked as in the bold type box above. Notice of Sept. 20, 1985 (1059 O.G. 19-20).*

**AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL**

---

**CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10\***  
(When using Express Mail, the Express Mail label number is **mandatory**;  
Express Mail certification is **optional**.)

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

**37 C.F.R. 1.8(a)**

with sufficient postage as first class mail.

**37 C.F.R. 1.10\***

as "Express Mail Post Office to Address"  
Mailing Label No. \_\_\_\_\_ **(mandatory)**

**TRANSMISSION**

transmitted by facsimile to the Patent and Trademark Office. to **(703) 872-9306**

**Signature**

**CLIFFORD J. MASS**

*(type or print name of person certifying)*

Date: August 25, 2004

**\*WARNING:** *Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).*

*"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.*

08/30/2004 ZJUHAR1 00000015 10049248

420.00 DP

01 FC:1252

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

NOTE: *Response to Final Rejection—Avoiding Extension Fees* "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Office Action. If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591).

#### STATUS

2. The application is qualified as

a small entity.  
 other than a small entity.

#### EXTENSION OF TERM

NOTE: *As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (1061 O.G. 34-35) states:*

*"If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run."*

3. (complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

Extension <u>(months)</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input checked="" type="checkbox"/> two months	\$ 420.00	\$ 210.00
<input type="checkbox"/> three months	\$ 950.00	\$ 475.00
<input type="checkbox"/> four months	\$ 1,480.00	\$ 740.00
<input type="checkbox"/> five months	\$ 2,010.00	\$ 1,005.00

Fee: \$ 420

If additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

#### OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
			Previously Paid For	Present Extra	Rate	Addit. Fee	OR
Total	*	Minus	**	=	x \$ 9 =	\$	x \$18 = \$
Indep.	*	Minus	***	=	x \$43 =	\$	x \$86 = \$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim				+ \$145 = \$		+ \$290 = \$	
				Total Addit. Fee	\$ ____	OR	Total Addit. Fee \$ ____

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** See 37 C.F.R. § 1.116.

*(complete (c) or (d), as applicable)*

(c)  No additional fee is required.

**OR**

(d)  Total additional fee required is \$ \_\_\_\_\_.

## FEE PAYMENT

5.  Attached is a check in the sum of \$ 420.

Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

**NOTE:** *Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6.  If any additional extension and/or fee is required, charge Account No. 12-0425

AND/OR

If any additional fee for claims is required, charge Account No. 12-0425

**SIGNATURE OF PRACTITIONER**

**CLIFFORD J. MASS**

*(type or print name of practitioner)*

Reg. No.: 30,086

P.O. Address

Tel. No.: (212) 708-1890

Customer No.: 00140

c/o Ladas & Parry LLP  
26 West 61<sup>st</sup> Street  
New York, N.Y. 10023